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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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SEC USE ONLY

DATE RECEIVED

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•	heck if this is an amendment	and name has chang	ged, and indicate	e change.)	N. VEGO.
Glacis Domestic Fund, LLC (th	ie "issuer")				ng 9 7 2003 >/
Filing Under (Check box(es) that a	pply): Rule 504	☐ Rule 505		☐ Section 4(6)	ULOE
Type of Filing:	ew Filing An	nendment			207/07
	A. BAS	IC IDENTIFICATION	N DATA		
Enter the information req	juested about the issuer				
Name of Issuer (□ ch	neck if this is an amendment a	and name has change	ed, and indicate	change.)	
Glacis Domestic Fund, LLC					
Address of Executive Offices	(Number and Street, City	, State, Zip Code)	Ī	elephone Number (Incl	uding Area Code)
1500 Broadway, Suite 1900, New	w York, New York 10036	, ,	(2	212) 575-0600	
Address of Principal Business Ope	erations (Number and Street,	City, State, Zip Code	e) T	elephone Number (Incl	uding Area Code)
(if different from Executive Offices)) Same as above		S	same as above	
Brief Description of Business				-	
The business will attempt to p	rovide superior risk-adjus	ted returns throug	gh the use of a	a quantitative equity	and equity-linked
trading strategies.					
Type of Business Organization					DDA
□ corporation	☐ limited par	rtnership, already for	med	imited liability compan	PROCESSED
□ business trust	☐ limited pa	rtnership, to be form	ied	minica naomity compan	1
Actual or Estimated Date of Incorp	poration or Organization:	Month Yea	•	E Fallman	MAK 2 8 2003
Jurisdiction of Incorporation or Org	nanization: (Enter two-lette	October 200 r U.S. Postal Service	2 🗵 Actual abbreviation fo	☐ Estimated r State:	THOMSON
— — — — — — — — — — — — — — — — — — —	`	FN for other foreign		DE	FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDENTI	FICATION DATA		
 2. Enter the information requested for the formation requested for the formation requested for the formation is a superior of the issuer, if the issuer; Each beneficial owner having the poor of the issuer; Each executive officer and director of the issuer; Each general and managing partner 	ssuer has been organized with ower to vote or dispose, or dir of corporate issuers and of co	ect the vote or disposition of		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Glacis Partners, LLC (the "Manager")				
Business or Residence Address (Number 1500 Broadway, Suite 1900, New York, N	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Sales, Christopher				
c/o Glacis Partners, LLC, 1500 Broadway	y, Suite 1900, New York, Ne	w York 10036		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Mohler, Stefan				
Business or Residence Address (Number c/o Glacis Partners, LLC, 1500 Broadway	er and Street, City, State, Zip y, Suite 1900, New York, N			
Check Box(es) that Apply: ☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Upstream Partners Master Fund				
Business or Residence Address (Number 287 Bowman Avenue, 2 nd Floor, Purchase	er and Street, City, State, Zip se, New York 10577	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, Zip	Code)		

				B. IN	IFORMAT	ION ABO	UT OFFE	RING	2			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?								·	□ ⊠ \$ <u>5,000,000*</u>			
* Subject to waiver at the discretion of the Manager 3. Does the offering permit joint ownership of a single unit?									Yes	No		
comi offer and/ asso	mission or ing. If a pe or with a st ciated perso	similar renerson to be ate or state ons of such	nuneration listed is a es, list the a broker o	for solicita n associat name of the	ation of pu ed person ne broker o	rchasers in or agent o or dealer.	n connection f a broker If more tha	on with sa or dealer r in five (5) p	les of sectorised vectors to be seen to be seen the sector of the sector	ndirectly, any urities in the with the SEC be listed are ler only.) ;	
	ne (Last nar	ne first, if i	individual)									
Not Appli	icable s or Reside	nce Addre	ss (Numbe	er and Stre	et City S	tate 7in C	ode)				· · · · · · · · · · · · · · · · · · ·	
Dusines	or reside	noc Addic	33 (Numbe	and our	ot, Oity, O	iaic, zip o	ouc,					
Name of	Associated	Broker or	Dealer								<u></u>	
States in	Which Per	eon Lieteo	Hae Solic	ited or Int	ends to So	licit Durch	acere					
	(Check "All					non Furcin	35015				□ Ai	l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	ne (Last nar			er and Stre	eet, City, S	tate, Zip C	ode)					
Name of	Associated	Broker or	Dealer									
States in	Which Per	rson Listed	Has Solid	ited or Int	ends to Sc	licit Purch	asers					
	(Check "All	States" or	check ind	ividual Sta	ates)						□ Al	l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	ne (Last nar	ne first, if	individual)									
Business	s or Reside	nce Addre	ss (Numbe	er and Stre	et, City, S	tate, Zip C	ode)					
			,		, ,,	_	,					
Name of	Associated	Broker o	r Dealer					******				
States in	Which Pe	rson Listed	Has Solid	ited or Int	ends to So	licit Purch	asers					
(Check "All States" or check individual States)							□ All States					
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	•
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$ 0	\$0
	Equity:	\$ 0	\$ 0
	□ Common □ Preferred		
	Convertible Securities (including warrants):	\$ 0	\$ 0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify: limited liability company interests)	\$1,000,000,000(a)	\$2,880,000
	Total	\$1,000,000,000(a)	\$ <u>2,880,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.	<u> </u>	Ψ <u>2,000,000</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ <u>2,880,000</u>
	Non-accredited Investors		\$ <u> </u>
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ 0
	Regulation A	N/A	\$ 0
	Rule 504	N/A	\$ 0
	Total	 N/A	\$ 0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the	_N/A_	\$ <u></u>
(a)	Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify Filing Fees Total Open-ended fund; estimated maximum aggregate offering amount.	X X X X X X X	\$ 0 \$ 2,500 \$ 35,000 \$ 7,500 \$ 0 \$ 0 \$ 5,000 \$ 50,000

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSE	ES AND	USE O	F PROCE	EDS		
4.	b. Enter the difference between the aggregate of and total expenses furnished in response "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This	differenc	e is the) }		\$999	950,000
5.	Indicate below the amount of the adjusted groused for each of the purposes below. If the estimate and check the box to the left of the est the adjustment gross proceeds to the issuer set	amount for any purpose is not k timate. The total of the payments	nown, fu listed mu	rnish ar st equa	1			
				Ó Dire	ments to fficers, ectors, & filiates			yments to Others
	Salaries and fees		X	\$	0	X	\$	0
	Purchase of real estate		X	\$	0	X	\$	0
	Purchase, rental or leasing and installation of	machinery and equipment	X	\$	0	X	\$	0
	Construction or leasing of plant buildings and	facilities	X	\$	0	X	\$	0
	Acquisition of other businesses (including the this offering that may be used in exchange fo	r the assets or securities of						
	another issuer pursuant to a merger)		X	\$	0	X	\$	0
	Repayment of indebtedness		X	\$	0	X	\$	0
	Working capital		X	\$	0	X	\$	0
	Other (specify): Portfolio Investments		X	\$	0	X	\$999	9,950,000
	Column Totals		X	\$	0	X	\$999	9,950,00 <u>0</u>
	Total Payments Listed (column totals added)		X	\$99 9	9,950,000			
		D. FEDERAL SIGNATURE		-				
foll	e issuer has duly caused this notice to be signed owing signature constitutes an undertaking by t uest of its staff, the information furnished by the i	he issuer to furnish to the U.S. Se	ecurities	and Exc	change Co	mmis	sion, u	pon written
	uer (Print or Type)	Signature	~	Da	ate			
Gla	acis Domestic Fund, LLC	Chitch P. S	rech		<u>31 26</u> 120	103		
	me (Print or Type) ristopher Sales	Title of Signer (Print or Type) Managing Member of the Ma	nager					
			-					
	Intentional misstatements or omission	ATTENTION as of fact constitute federal crin	ninal vio	lations	. (See 18	U.S.C	C. 1001	.)
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